# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 18, 2012**
**Secretary of State**

DOCUMENT# 701240

**Entity Name:** BREVARD COUNTY ORCHID SOCIETY, INC.

**Current Principal Place of Business:**

8220 COMPTON WAY
MELBOURNE, FL 32940 US

**New Principal Place of Business:**

**Current Mailing Address:**

8220 COMPTON WAY
MELBOURNE, FL 32940 US

**New Mailing Address:**

**FEI Number: 59-2381497** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAZZA, LORNA
8220 COMPTON WAY
MELBOURNE, FL 32940 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: P
Name: BRYSON, JOE
Address: 290 CHERRY LANE
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: V
Name: DECARLO, LAURA
Address: 1665 CLOVER CIRCLE
City-St-Zip: MELBOURNE, FL 32935 US

Title: T
Name: MAZZA, LORNA
Address: 8220 COMPTON WAY
City-St-Zip: MELBOURNE, FL 32940 US

Title: S
Name: ZEPF, FRED
Address: 405 SANDERLING DR
City-St-Zip: INDIALANTIC, FL 32903 US

Title: D
Name: INGALLS, JOYCE
Address: 172 SE 3RD ST
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: D
Name: ZEPF, JULIE
Address: 405 SANDERLING DR
City-St-Zip: INDIALANTIC, FL 32903 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LORNA MAZZA T 01/18/2012

Electronic Signature of Signing Officer or Director Date